

## Student Case Presentations

There will be five (5) Case Presentation sessions throughout the semester. During these sessions students will take turns presenting patients they have seen during their clinical practice. Students should plan on presenting numerous case scenarios though out the semester.

Students at each site are required to do clinical presentations using actual patients whom they have seen during their clinical experience. These case presentation dates are listed on the lecture schedule and posted on the GSN 0617 web site. These *oral* presentation's should be like a "case conference" or "grand rounds" where the story of the patient, his/her exam, assessment and plan for care is orally presented to the group and discussed. The student peer group along with the lead preceptor should give constructive feedback to their presenting student about the case study. Each presentation should take about 20 minutes. Up to 15-20 minutes of additional time for discussion may be allotted as determined by the lead preceptor. The grading criteria are attached. Written material and/or supporting documentation utilized to present each case should be submitted for review to the lead preceptor to review.

### Information about Oral Case Presentations

The ability to present a clinical case in a concise accurate manner is a skill developed through practice. Presentation and organization skills are essential in order to provide an accurate, concise and appropriate oral case presentation. The data obtained during the interview and physical examination must be converted into usable information; logically organized; and presented concisely with clarity and emphasis on the relevant material.

### Useful Tips to Remember

- 1. Appropriately Complete**-Accurately report a summary of relevant information including both abnormal and normal findings from the history and physical exam  
**RELEVANT** means information that is necessary to further clarify an understanding of the presenting problem and will contribute to it's diagnosis and treatment
- 2. Convey evidence of an understanding of the relationship** between the patient's complaints/symptoms and the physical exam findings. (This would best be demonstrated by the appropriate choice for presentation of and emphasis on those aspects of the PE that are related to the information presented in the HPI) For example "I was in the woods camping a few days ago and today I noticed this rash and my joints ache" PE: Bulls eye lesion with erythemic rash, temperature 100.7 F, joints tender to palpation, WBC WNL Lyme titer pending.
- 3. Succinct** – Duration 20 minutes (would be much shorter if you were presenting to a preceptor in a clinical setting) Use language and terms that are clear, accurate, and concise
- 4. Organized:** Demonstrate a logical organization of the material presented. Organize on the basis of relevance to the primary problem. Present history with pertinent chronology, detail and emphasis on the patient's major problems without omissions or digressions.

**5. Sequenced:** HPI, PE, Laboratory, X-Ray, ECG findings (as appropriate to the case), Differential Diagnosis, and Summary.

**6. Focused:** “Why is the patient here?” What findings support the story?  
Provide an initial orienting statement that focuses the listener on the patient’s main problem and relevant related issues.

**7. Style:** Use a style of delivery that generates and maintains interest in the listener

## COMPONENTS OF THE CASE PRESENTATION

### History of Present Illness (HPI) Symptoms – Subjective

#### Two Methods of Organization:

**1.Chronological Approach:** Order in which the events have taken place.

Useful in patients with fewer or closely related problems.

**2.Problem Oriented Approach:** Each problem presented individually using the chronological approach each time.

Most useful when relationship of multiple problems is not clear.

**HPI: Opening Statement:** The opening statement should contain all of the following:

Age

Race

Gender

Relevant Concurrent Medical Problems

Reason for Presentation

Duration of the Problem

i.e. This is a **34** (age) year old **black** (race) **female** (gender) with a **3 year history of Lupus** (concurrent medical problem) who presents with **new onset of shortness of breath**, which has **occurred within the last two (2) days** (reason for presentation and duration)

The opening statement continues with information pertaining to:

#### **Baseline Health**

What and when changed?

Symptoms

Chronology

**If the presenting active problem is a component of an ongoing chronic disease describe briefly**

Course of disease too present

Baseline level of function/activity

Provide details of current episode

#### **Opening Statement**

The patient was in his/her usual state of good (good, compromised) health until?

i.e. The patient was in her usual state of compromised health with her lupus related symptoms of muscle aches and joint stiffness stable for the past 11 months. Over the past two weeks she has noted fatigue, malaise, decreased appetite and a progressive feeling of shortness of breath. She is now unable to walk more than 10-20 feet or carry on a conversation due to the shortness of breath.

**RELEVANT** past medical and family history should be contained within the HPI presentation  
Review of Systems (ROS): **RELEVANT** material should be presented within HPI, no need for other ROS information in the oral case presentation. You can include pertinent positive and negative history questions as they relate to the presenting complaint.

### **Physical Examination (PE)** **Signs – Objective**

**PE – Opening Statement:** General Description of Appearance

Significant features

Appearance (agreement with stated age)

Level of distress, level of consciousness, affect

Estimate of nutritional status, weight

**Vital signs**

Blood pressure

Temperature

Pulse/Respiration

i.e. This is an <b>alert thin female</b> (level of consciousness, weight) who <b>appears older than her stated age</b> (appearance) in <b>moderate distress</b> (level of distress), <b>unable to speak without stopping to catch her breath</b> (significant features) with an irregular pulse of 120 beats/min, B/P sitting 100/50 & respiration of 30/min, temp 99.2
---

### **Physical Findings**

These are limited to only **RELEVANT** positives and negatives. Normal findings not related to the presenting problem may be either omitted or described as “within normal limits”

### **Laboratory Data**

Limit presentations to **RELEVANT** normal and abnormal findings, and any findings that are pending.

### **Summary**

A brief summation of the case that stresses **RELEVANT** clinical findings will provide a basis for discussion among the lead preceptors and student peers. Summary should also include the plan of management of the patient including diagnostic testing, medications, treatments, and follow-up plans.

## Discussion

The discussion should take place with the lead preceptor and student peers in attendance and be focused on the case presentation. **Two recent articles or current literature** in support of the case being discussed should be circulated to your classmates prior to the case presentation seminar.

There may be times when the lead preceptor will ask students to discuss patients they have seen in the clinical setting without time for additional resource preparation, these presentations will be more spontaneous without handouts or sited articles.

## **CASE PRESENTATION GRADING CRITERIA**

- 30% \_\_\_\_\_ Identify the chief complaint, pertinent medical, social and psychosocial history given the presenting complaint. Results of the physical examination and laboratory findings are presented accurately.
- 20% \_\_\_\_\_ Presents a complete and comprehensive differential diagnosis given the presenting complaint, history, and physical examination.
- 20% \_\_\_\_\_ A detailed treatment plan is presented based on the diagnosis made from the above data collection.
- 10% \_\_\_\_\_ Creative discussion focused on the presenting case.
- 20% \_\_\_\_\_ Student is able to clearly, concisely, and effectively communicate an understanding of the patients condition. Student provides appropriate resources to peers addressing diagnosis and management of their patient's condition.

**TOTAL** \_\_\_\_\_%

**Lead Preceptor** \_\_\_\_\_

**Student** \_\_\_\_\_

**Case Presented** \_\_\_\_\_

**Date** \_\_\_\_\_